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ABSTRACT

Presented are regulations and policies to implement provisions mandated by the Maine Legislature for education of exceptional children. Goals are given such as providing every exceptional child with a comprehensive educational program, and promoting acceptance of exceptional children within the educational profession and the public. Summarized are major provisions of the legislation such as purpose, mandatory services, and responsibility of administrative units. Defined are terms such as special education and the pupil evaluation team. Discussed are identification, diagnosis, and evaluation; provision of special education services (regional, private, and consultative); transportation; reimbursement and expenditures; and administrative review. Explained for handicapping conditions are program standards involving definition, identification, and selection procedures; individual psychological evaluation; classroom location and facilities; types of programs for class size and age range; program content; supplementary tutoring; and teacher qualifications. Handicapping conditions covered include educable, trainable, and profoundly mentally handicapped; emotionally disturbed; hearing impaired; speech and language impaired; learning disabled; visually impaired; and physically handicapped. Also provided are agreements with the Division of Vocational Rehabilitation, Bureaus of Mental Health and Mental Retardation, and Division of Eye Care. (MC)

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SPECIAL EDUCATION

ADMINISTRATIVE HANDBOOK

STATE OF MAINE

DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES

CARROLL R. MCGARY, COMMISSIONER

R.S.T. 20. C. 404. ADDITIONAL

EC062164

STATE OF MAINE

Department of

Educational and Cultural Services

AUGUSTA, MAINE 04330

FOREWORD

I am pleased to transmit to you the Special Education Administrative Handbook, as approved by the Maine State Board of Education on January 10, 1974.

In the State of Maine there is an increased concern and awareness to provide an equal opportunity for all children. It is incumbent on all of us to assure that programs for handicapped children expand faster than others at least until such time that the handicapped are receiving equal educational opportunities.

Local education agencies wishing to initiate, implement, or expand special education programs for handicapped children now have the full option and responsibility for determining the type and degree of services to be offered.

This Department will be seeking indications from the local school unit that it is making a continued effort to serve an increasing number of its handicapped school age population.

However, the financial resources of the State and local units plus any limitations imposed by the law must be recognized. This Department urges planning on the local or regional level to assure that delivery of services will be provided within sound fiscal management practices.

Prior approval of this Department for placement of a handicapped child in a non-public school is required if the local education agency desires State reimbursement. That reimbursement will be based on the cost of the educational program only, except that a maximum of $25 per week for room and board, in lieu of transportation, will be allowed.

The primary purpose of the accompanying handbook is to assist local school personnel in our mutual objective of providing needed services to all handicapped children. The personnel in this Department stand ready to assist you in your endeavor.

Carroll R. McGary

Carroll R. McGary, Commissioner

Four seasons for Me.

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I. INTRODUCTION

In conjunction with the requirements of L.D. 965 as enacted by the 106th Legislature of the State of Maine, the Maine State Department of Educational and Cultural Services has promulgated the following regulations and general policies to implement the provisions of MRSA Title 20, Chapter 404, Sections 3121 to 3142 as pertaining to the education of exceptional children.

These regulations and policies are directly related to the attainment of the following goals:

1. To insure that each exceptional child in Maine has the opportunity to develop into a self-sufficient and as contributing a member of his community as possible; that every exceptional child in Maine be provided with comprehensive educational programs and services appropriate to his needs.
2. To insure quality educational programs and services for all exceptional children in Maine by the establishment of an organizational structure for delivery of special educational programs and services.
3. To promote the understanding and acceptance of exceptional children within the educational profession and the general public.

II. SUMMARY OF MAJOR PROVISIONS OF MRSA

A. Section 3121 PURPOSE

1. To provide equal educational opportunities for all exceptional children.
2. To provide educational services within regular programs with supportive assistance.

B. Section 3122 SERVICES MANDATORY

1. Places the responsibility for the education of the exceptional child with the local school administrative unit.
2. Allows the local administrative unit the flexibility to provide those special services deemed necessary to implement the child's education.
3. Assures that services provided to exceptional children in other than public schools, shall adhere to guidelines and regulations as provided by the Commissioner of Educational and Cultural Services.

C. Section 3123 DEFINITIONS

1. Provide for mandatory services for exceptional children between the ages 5 and 20, determined to be mentally handicapped, emotionally handicapped, hearing impaired, speech and language impaired, learning disabled, visually impaired, physically handicapped, or multiply

handicapped, as defined by the Maine Department of Educational and Cultural Services.

D. Section 3128 RESPONSIBILITY OF ADMINISTRATIVE UNITS

1. Provides that every administrative unit is responsible for appropriating sufficient funds to provide education and services for exceptional children.

E. Section 3131 IDENTIFICATION OF EXCEPTIONAL CHILDREN

1. Requires the administrative unit to identify, diagnose, and program exceptional children within the age limitations as defined by this statute.

III. DEFINITIONS

A. Special Education for exceptional children means classroom, home, hospital, institutional or other instruction, diagnosis, evaluation, transportation, corrective and supporting services as defined by the Commissioner.

B. Exceptional Children are those who deviate from the average in physical, mental or emotional characteristics to the extent that they require special educational facilities or services.

The following categories are included within the scope of the term "exceptional children":

1. Mentally Handicapped are defined as those who demonstrate subaverage intellectual functioning associated with impairment in learning, adaptive behavior and social adjustment.

2. Emotionally Handicapped are defined as those who demonstrate one or more of the following characteristics to a marked extent and over a period of time:
   (1) An inability to learn which cannot be explained by intellectual, sensory or health factors
   (2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
   (3) Inappropriate types of behavior or feelings under normal conditions
   (4) A general, pervasive mood of unhappiness or depression
   (5) A tendency to develop physical symptoms, or fears associated with personal or school problems
3. Hearing Impaired are defined as having an impairment of hearing function sufficient to prevent or delay the normal development of speech and language or present barriers to the continued acquisition of academic and social skills.
4. Speech and Language Impaired are defined as those who demonstrate disorders in oral communication. Oral communication disorders are: problems in understanding and expressing spoken language; speech sound misarticulations, unusual characteristics of voice, and/or atypical patterns of verbal fluency. Determination of a disorder in oral communication is based upon a professional diagnosis by a qualified speech and language clinician.
5. Learning Disabled are defined as those who exhibit a disorder or demonstrate a discrepancy between expected and actual achievement in one or more of the basic

psychological processes involved in understanding or in using spoken or written language, such as listening, thinking, talking, reading, writing, spelling, or arithmetic.

6. Visually Impaired are those who demonstrate a type and degree of visual impairment that prohibits satisfactory performance in the regular classroom without significant modification in curriculum and instructional materials, equipment and methods.

7. Physically Handicapped are defined as those whose limitations or impairment or physical development, temporary or permanent, as a result of congenital anomalies, disease, illness or trauma.
   Special education services shall be provided to the extent that the disability interferes with the child's educational progress.

8. Multiply Handicapped are defined as those who have a combination of two or more disabling conditions which produce serious developmental educational and/or behavioral problems that usually prohibit or limit successful progress in a regular or special class designed to accommodate a single major handicap and for whom specifically tailored programs would have to be developed in order to meet their unique special education needs.

C. Special Education Personnel are defined as those employees of the administrative unit who hold licensing or certification

in one or more areas of service to exceptional children. Costs are prorated for those who are not full-time, special education personnel. In addition to professional staff, paraprofessionals who work under the supervision of appropriately certified personnel are eligible for reimbursement for that portion of their time spent in special education programs.

D. Corrective and Supportive Services are defined as services to an exceptional child recommended by the Pupil Evaluation Team (PET) which are in addition to services provided as part of the regular school program and determined to be necessary to enable the exceptional child to benefit from his educational experience. Wheelchairs, walkers, personal hearing aids, crutches, canes or other corrective devices of a personal medical nature, shall not be considered allowable for special education subsidy.

E. The Pupil Evaluation Team shall be defined as a group of professionals selected by the superintendent of schools from the teaching and administrative staff of the administrative unit and consultative staff to the administrative unit to perform the function of making an evaluative study of any child referred for special services. They shall be responsible for recommending to the superintendent of schools:

1. Whether the child requires special education.
2. Placement and plans for special instruction and services as deemed appropriate.

3. Periodic review of progress of children for whom it has recommended special education.

F. Resource Room shall be defined as a room where exceptional children are provided special education instruction which supplements the major portion of their instructional program.

G. Evaluative Study shall be defined as a study of diagnostic and all other relevant information from appropriate professional personnel concerning a child which is required for purposes of determining the special education needs of the child.

IV. IDENTIFICATION, DIAGNOSIS AND EVALUATION

Every administrative unit shall establish procedures for studying its total school population so that all children who may require special education will be identified and evaluated to the extent necessary to determine whether they should be provided a special educational program. The administrative unit is responsible for the cost of such identification, evaluation, and diagnosis (subject to reimbursement) as needed for planning and implementation of a special education program for each exceptional child. Additionally, it is recommended that the administrative unit identify its preschool exceptional child population so as to allow those identified who will be age five (5) by October 15 to be admitted to appropriate school programs

in the school year starting during the year of the child's fifth birthday.

Every administrative unit shall establish, as needed, one or more Pupil Evaluation Teams (PET's) or approved alternative procedures except when a waiver is requested and approved by the Commissioner. Each PET shall include but not be restricted to administrative, instructional and pupil personnel staff of the administrative unit. When one or more PET's are required in an administrative unit, provision should be made for coordination and system-wide consistency of policy.

The PET shall be responsible for doing an evaluative study on all students referred for special education services. Each team shall determine diagnostic data necessary, evaluate educational significance of such data, and formulate appropriate plans for the child's program. The PET shall review the diagnostic-evaluation data for each child identified as possibly requiring special education and shall recommend to the superintendent the appropriate program. If additional data, or special consultants are necessary, the PET shall recommend such services to the superintendent of schools.

Evaluative study by the PET is not required for children placed on home instruction for less than six months for medical reasons (i.e., broken bones, pregnancy, communicable diseases, etc.). This exemption does not apply to any other types of exceptional child placed on home instruction.

The PET must review at least annually, and more frequently if needed, the progress of each handicapped child receiving special education, studying all information relevant to the continued placement of such child in a special education program.

Whenever a child requires a special program, with exception of home instruction for medical reasons, (i.e., broken bones, pregnancy, communicable diseases, etc.) parents or guardians shall be advised, in the primary language of the home of such child, of the nature of their child's exceptionality, the purposes and scope of the proposed special education program and shall receive reports of the child's progress.

The PET shall assure the maintenance of complete and specific records of diagnostic procedures attempted, the results, conclusions reached, suggested courses of special education and treatment best suited to the child's needs.

V. PROVISION OF SPECIAL EDUCATION SERVICES

When the Pupil Evaluation Team (PET) and the superintendent of schools agree that a child needs a special education program, the administrative unit shall provide such a program as soon as administratively possible.

Insofar as possible, and consistent with their educational needs, children should be maintained in the regular school program and provided such supplementary instruction or special services as may be required. However, when special class placement is the desirable program such special class must be provided.

Children in these classes are entitled to such other regular and special instruction or services as may be needed.

If establishment of such a class or program is not feasible, the administrative unit shall seek to place each such child in an appropriate special education program on a regional basis or in a private school. Regional basis shall be defined as any two or more administrative units joining together to provide programming that insures equal educational opportunities for exceptional children.

Exception to the policy of local or regional public school programming shall be based on appropriate supporting documentation, provided to the Department by the school administrative unit, explicitly indicating a special education program cannot be established on a local or regional public school basis. Appropriate documentation for program placement of all exceptional children must be maintained by the local administrative unit.

Special classrooms, resource rooms and other areas provided for special services for exceptional children should be conveniently located, well lighted, comfortable and free of interruptions and environmental noise, and must have adequate emergency exits.

In most cases, instruction should be provided within a regular public school serving children approximately the same chronological age as the exceptional child.

An appropriate curriculum designed to help the child make maximum progress should include opportunities to participate in all aspects of the total school program within the limits of his

capacity. It should include a career education program and vocational education program for exceptional children age 16 or over whose educational and vocational potential makes such programs desirable.

The minimum length of the school day for exceptional children shall be five hours of approved instruction. However, a shortened session is permissable for students whose exceptionality precludes a five-hour program.

If a parent or guardian enrolls the exceptional child in a private school without prior written approval of the superintendent of schools, the administrative unit is not liable for any costs. However, the PET after reviewing the case and determining the eligibility of the student and appropriateness of the program, may recommend to the superintendent and school committee that the educational costs for that school year be assumed.

If an appropriate program is available locally or on a regional basis, the child should be returned to the jurisdiction of the administrative unit. In this event, if the parent or guardian does not wish to return the child to the administrative unit, then the parent or guardian must assume the financial costs. The administrative unit will not be responsible for any costs incurred prior to return of the child to its jurisdiction.

A. Contracting for services on a regional basis - when a program for exceptional children is provided on a regional basis, the administrative unit providing the program shall contract with the sending administrative unit or units by one of the following methods:

1. If the program is a full-time class, the cost shall be determined by the amount of the teacher's salary plus an additional 35 percent. This figure shall then be divided by the number of students in the class to determine the cost per student (average daily membership).
2. Itemization of the actual cost of the program which was offered. When an administrative unit provides itinerant professional staff to another administrative unit the contract shall be for itemized actual costs of the program provided to the receiving administrative unit or units.

B. Contracting with private agencies - school administrative units shall have written agreements with private agencies offering approved special education programs for exceptional children, being certain that the following minimum data is included in the agreement:

1. Agreement terms in full.
2. Signature of the superintendent of schools and a representative of the private agency.
3. Amounts payable and terms of payment.
4. Nature and extent of special education instruction and services.
5. Provision for proration of charges and payments.
6. Provision for exchange of essential information and progress reports.
7. Assurance of no conflict with understandings, restraints, and/or obligations under statutes of the State of Maine.

8. Indication that the contract provisions are subject to the approval of the Department.

C. Contracting for consultant services - special education consultant services are provided by professional personnel other than employees of the school administrative unit to assist school personnel in carrying out programs for pupils in need of special education. A special education consultant shall, by virtue of his education and training:

1. Provide those direct services to pupils which are assigned to him. When direct services are to be provided to students in an area in which the Maine Department of Educational and Cultural Services has a certification credential, the consultant must hold this credential.
2. Assist the school administrators and PET in planning for and providing services to pupils requiring special education.
3. Recommend to teachers special instructional methods and materials and curriculum adjustments for pupils requiring special education.
4. Upon request, assist in the identification of students in need of special education services and provide in-service training for the staff.

VI. TRANSPORTATION

Exceptional children whose conditions preclude conveyance by a unit's regular bus system shall be transported by other means

suited to their needs. Such means may include specially equipped buses, taxicabs, and automobiles. The administrative unit is responsible for making and scheduling arrangements for such transportation and assuring that planned schedules are met. The responsible school authority shall assure that all applicable safety standards are enforced, and should assure that adequate liability coverage is maintained.

Transportation provided to centers, clinics and other facilities for the purposes of diagnosis, evaluation, or continuing educational services will be reimbursed. Reimbursement also will include costs of a transportation aide whose duties may include carrying, lifting, etc., or assisting a child about the school. Costs for modification of vehicles to accommodate handicapped children or provision of special ramps, hoists, etc. are reimbursable upon approval of the Department.

If an administrative unit of necessity must contract with a parent or other private party for transportation, the cost to the unit to deliver the child to his program and return him to his home shall be reimbursed.

Initial transportation to and from in- or out-of-state residential facilities, is provided by statute. In certain instances, the need for an attendant to accompany the child may be indicated. In such cases, the PET will review and make recommendations regarding provision and financing of such service. Costs of such approved arrangements will be reimbursed by State subsidy.

VII. REIMBURSEMENT AND EXPENDITURES

Maine statutes provide for State subsidy of the cost for special education programs and services. Reimbursement is only for programs provided for children identified or being evaluated as exceptional children requiring special education. Expenditures for salaries, for example, are special education costs only to the extent that the staff member is actually employed to perform services in an approved program for exceptional children or for the identification of such children.

VIII. ADMINISTRATIVE REVIEW

The school administrative unit shall establish and use a hearing procedure in cases of appeal by parents or guardians, of the school's decisions regarding placement, denial of placement, or continuance of their child in a program of education appropriate to his condition and needs.

The hearing procedure shall provide:

A. Notification of the parent/guardian of the written decision of the administrative unit accompanied by notification to the parent/guardian of the right to make an oral or written request for an appeal hearing.

B. Opportunity for the parent/guardian to be assisted or represented by an attorney or other person in presenting the appeal.

C. Opportunity for the parent/guardian or representative to examine the documents and records presented to support the decision under appeal.

D. That the hearing be held with reasonable promptness and convenience to the parent/guardian, with at least seven days' notice as to time and place of the hearing.

E. Opportunity for the parent/guardian to present evidence supporting his position, and to question or refute evidence to the contrary.

F. That the hearing be conducted by the local school committee or board of directors. The school committee or board of directors may elect to appoint a hearing official instead of conducting the hearing themselves. In this event, the hearing official must be appointed by mutual agreement between the board of directors and the parent or guardian. This person shall not have participated in making the decision under appeal. If such agreement cannot be reached, the Commissioner of the Department of Educational and Cultural Services shall appoint a hearing official.

G. That a record of each hearing be prepared which shall include:

1. The decision being appealed.
2. Evidence presented at the hearing.

H. That the decision of the school committee or hearing official be based on the evidence presented at the hearing which was made a part of the hearing record.

I. That the parent/guardian or representative be notified in writing of the school committee's or hearing official's decision forthwith.

J. That a record of each hearing shall be preserved for at least two years.

K. If any person desires to appeal the decision of this hearing, the State Board of Education will consider the request and may appoint an appeal hearing official to review the record of the hearing and conduct an appeal hearing.

PROGRAM STANDARDS FOR THE EDUCABLE MENTALLY HANDICAPPED

DEFINITION

Educable mentally handicapped refers to those individuals of subaverage intellectual functioning associated with impairment in learning, adaptive behavior and social adjustment.

Educable mentally handicapped develop at a rate one-half to three-fourths of the normal rate.

IDENTIFICATION AND SELECTION PROCEDURE

IDENTIFICATION PROCEDURE

It is the responsibility of each administrative unit to identify its educable mentally handicapped population as defined in Section IV of the Maine State Department of Educational and Cultural Services Special Education Administrative Handbook.

Each administrative unit shall develop and use a screening procedure in order that all students suspected of mental retardation will be identified and evaluated for educational placement by the Pupil Evaluation Team (PET). A screening procedure should utilize data gathered from the school, the home, and any other source that has a bearing on the evaluation and placement of the student.

REPORT OF THE STUDENT'S DEVELOPMENTAL, SOCIAL, EDUCATIONAL AND MEDICAL HISTORY

It is the responsibility of the school administrative unit using appropriate professional personnel, to gather all information relevant

to such an appraisal:

1. Physician, school nurse, psychologist, or social worker may gather and report the student's developmental history as it relates to the support or rejection of a diagnosis of mental retardation.
2. The school staff, usually the principal, shall make available to the PET a comprehensive report on the student's school history and current status. It shall include a digest of all school reports, teachers' observations and comments, contacts with the family, school adjustment, and other data necessary for providing a complete picture of the student in school.
3. The school physician or school nurse is most appropriate for collecting and reporting of information describing the student's medical history.

INDIVIDUAL PSYCHOLOGICAL EVALUATION

It is required that the individual psychological evaluation be administered by a certified school psychologist, qualified guidance counselor, licensed examiner or licensed psychologist. The examiner shall use a wide range of instruments as may be necessary for a complete and conclusive appraisal. It is suggested that either a Stanford-Binet or Weschler be among these. Reports shall include:

1. Strengths and weaknesses of the student relevant to school planning.
2. Levels of performance and ability in the areas of cognitive, affective, social and motor development.
3. Interpretation and recommendations concerning problems other than mental, such as emotional disorders.

4. Recommendations and specific suggestions for school placement, management and programming.

The examiner will be available for PET conference to explain fully his findings, interpretations, and recommendations.

Placement of students in programs for the educable mentally handicapped shall be reviewed by the PET at the end of every school year to determine if that program is the most appropriate and if the student should continue in that program. The educable mentally handicapped student in a self-contained class shall be reevaluated by a certified school psychologist, qualified guidance counselor, licensed examiner, or licensed psychologist once every two years.

CLASSROOM LOCATION AND FACILITIES

1. It is recommended that a program for educable mentally handicapped children be housed in an approved regular school building with children of comparable chronological age.
2. The room used by the EMH teacher should provide space for special projects, group study, audiovisual equipment, and ample supplemental materials to meet individual needs of the children.
3. Program organization shall be essentially the same as for other pupils in the same building. This applies to the length of school day, amount of participation in general school activities, and grouping of pupils in the same classroom.

TYPE OF PROGRAMS, CLASS SIZE AND AGE RANGE

1. To the maximum extent possible, educable mentally handicapped students shall be educated with non-handicapped students in the regular classrooms of the public schools with supportive assistance.

2. Instruction that cannot be provided within the regular classroom may be provided in a resource room as defined in Section III of the guidelines.

3. If a self-contained classroom for the educable mentally handicapped is necessary, the enrollment may not exceed 15 with a minimum of five students. However, five additional pupils may be added if a full-time teacher aide is provided. Should such a self-contained program be necessary, the following groupings are recommended:

   primary group - ages 5-9

   intermediate group - ages 10-12

   junior high group - ages 13-15

   high school group - ages 16-19

4. The chronological ages range within a self-contained EMH program should not be more than four years.

PROGRAM

The program should have continuity of instruction and services between the ages 5 and 20.

1. primary - readiness
   beginning first grade skills
   begin career awareness

2. intermediate - continue development of basic skills
   continue career awareness

3. junior high - continue development of basic skills
   begin career exploration
   should have access to shop work and home economics at this level

4. high school - program should be definitely vocationally oriented
   career preparation is at this level
   handicapped students should have a work-study type of program with out-on-the-job experiences during junior and senior years

SUPPLEMENTARY TUTORING

This program allows flexibility in the provision of corrective and supportive services to individual pupils. This program may take place in school, in the home, or in other areas deemed appropriate. If in the school, this program must be included in the regular school day.

TEACHER QUALIFICATIONS

Teachers of EMH children shall meet the certification requirements established by the Department for this area of specialization.

PROGRAM STANDARDS FOR THE TRAINABLE MENTALLY HANDICAPPED

DEFINITION

Trainable mentally handicapped refers to those individuals of subaverage intellectual functioning associated with impairment in learning, adaptive behavior, and social adjustment.

Trainable mentally handicapped develop intellectually at one-fourth to one-half the normal rate.

IDENTIFICATION AND SELECTION PROCEDURE

IDENTIFICATION PROCEDURE

It is the responsibility of each administrative unit to identify its trainable mentally handicapped population as defined in Section IV of the Maine State Department of Educational and Cultural Services Special Education Administrative Handbook. Each administrative unit shall develop and use a screening procedure in order that all suspected of mental retardation will be identified and evaluated for educational placement by the Pupil Evaluation Team (PET).

A screening procedure would utilize the data gathered from pediatricians, public health and school nurses, social or welfare workers, parents and parent groups, and the mental health centers. Other community organizations may have available information on a particular child that would contribute to the screening procedure.

REPORT OF DEVELOPMENTAL, SOCIAL, EDUCATIONAL AND MEDICAL HISTORY

It is the responsibility of the school administrative unit, using

appropriate professional personnel, to gather all information relevant to such an appraisal:

1. Physician, school nurse, or social worker may learn and report the child's developmental history as it relates to the support or rejection of a diagnosis of mental retardation.
2. Social workers may make a report of casework findings, including a home family history, related developmental information, and summaries of other agency reports relevant to the student and his appraisal.
3. The school staff should make available to the PET a comprehensive report on the student's school history and current status. It should include a digest of all school reports, teachers' observations and comments, contacts with the family, school adjustment, and other data necessary for providing a complete picture of the child in school.
4. The school physician or school nurse is most appropriate for collecting and reporting of information describing the student's medical history.

PSYCHOLOGICAL EVALUATION

It is required that the individual psychological evaluation be administered by a certified school psychologist, licensed psychological examiner, or licensed psychologist. The examiner shall use a wide range of instruments as may be necessary for a complete and conclusive appraisal. Reports shall include:

1. Strengths and weaknesses relevant to school planning.
2. Levels of performance and ability in the areas of cognitive, affective, social, and motor development.

3. Interpretation and recommendations concerning problems other than mental, such as emotional disorders.
4. Recommendations and specific suggestions for school placement, management, and programming.

The examiner will be available for PET conferences to explain fully his findings, interpretations, and recommendations.

Placement of students in programs for the trainable mentally handicapped shall be reassessed by the PET at the end of every school year to determine if that program is the most appropriate and recommend to the superintendent whether the student should continue in that program.

The trainable mentally handicapped student shall be reevaluated by a certified school psychologist, licensed psychological examiner, or licensed psychologist once every two years.

The psychological evaluation will consider the student's adaptive behavior. Adaptive behavior may be defined as the effectiveness of the individual in adapting to the natural and social demands of his environment. Impaired adaptive behavior may be reflected in maturation, learning, and/or social adjustment. Adaptive behavior scales found most useful with this group of mentally handicapped are the Vineland Social Maturity Scale which provides a standard schedule of normal development from age range 0-1 to 25+ years, which can be used as a measure of growth and change. The items of this scale represent progressive maturation in self-help, self-protection, locomotion, occupation, and social relations. The total score yields an age equivalent and a social quotient. The second scale is the Cain-Levine Social Competency Scale which provides a method of assessing the social competency of the

trainable mentally handicapped with a chronological age of five to thirteen years. The four subscales measure self-help, initiative, social skills, and communication. The sum of the four subscales yields a total social competency score.

EDUCATIONAL PROGRAMMING

The educational program for the trainable mentally handicapped is under the supervision of the superintendent of schools and/or director of special education and should be structured so as to make provisions for a broad range of physical attributes, behavioral patterns, and learning. Provisions for these students should embody three basic stages:

1. The early stage where emphasis is placed upon learning to learn. The activities at this stage revolve around learning basic perceptual skills in vision, audition, linguistics, motoric, and other sensory modalities. The offerings at this stage also stress activities which build basic social inner controls and external action habits and behaviors.
2. The middle stage where emphasis is placed upon the development of self-help and social skills which foster semi-independence in both home and community.
3. The advanced stage where experiences designed to develop the individual's full potential for independent action are encouraged. This would include developmental activities in vocational or semi-vocational skills.

The development of personal, social, and vocational competencies relies on a specifically designed instructional program that would provide training in the areas of:

1. Self-help skills including good personal habits.

2. Physical coordination and the use of sensory modalities.
3. Acceptable social attitudes and competencies which will assist the student in becoming a useful and participating member of society.
4. Communication skills, particularly the use of oral language.
5. Good work habits.

TEACHER QUALIFICATIONS

Teachers of the trainable mentally handicapped shall meet the certification requirements established by the Department for this area of specialization.

CLASS SIZE, LOCATION AND FACILITIES

The maximum enrollment of a primary class (chronological age 5-9) shall not exceed 6; with a teacher aide, 10. The maximum enrollment of an intermediate class (chronological age 10-14) shall not exceed 8; with a teacher aide, 12. The maximum enrollment of an advanced class (chronological age 15-19) shall not exceed 10; with a teacher aide, 14. The minimum enrollment of any class shall not be fewer than 5 students.

PRIVATE SCHOOL PROGRAMS

When an administrative unit is unable to provide an educational program for the trainable mentally handicapped on a local or a regional basis, the student may be placed in a private facility only when evidence supports such placement. The administrative unit may contract with sheltered workshops to provide vocational education for the trainable mentally handicapped provided such programs meet State standards regarding fire, health, and sanitation. Contracts with private agencies

must meet minimum criteria as defined in Section V of the Maine State Department of Educational and Cultural Services Special Education Administrative Handbook.

FACILITIES

The facilities provided for these pupils should include an instructional area large enough so that work and movement can be carried on with a minimum amount of interference to others. Since the curriculum will include activities not always conducive to the traditional classroom environment, work space, ample table and counter areas are needed. Rooms should be large enough so that discrete areas can be set aside for various action activities such as hand tool and assembly tasks, homemaking, and crafts. These students often have accompanying physical and motoric disabilities which require the highest quality physical environment. The rooms should have easy access to washrooms, other portions of the building such as the gymnasium, and to outdoor activity areas.

PROGRAM STANDARDS FOR THE PROFOUNDLY MENTALLY HANDICAPPED

DEFINITION

Profoundly mentally handicapped refers to those individuals of subaverage intellectual functioning associated with impairment in learning, adaptive behavior, and social adjustment.

Profoundly mentally handicapped develop at a rate up to one-fourth the normal rate.

IDENTIFICATION AND SELECTION PROCEDURE

IDENTIFICATION PROCEDURE

It is the responsibility of each administrative unit to identify its profoundly mentally handicapped population as defined in Section IV of the Maine State Department of Educational and Cultural Services Special Education Administrative Handbook. Each administrative unit shall develop and use an effective screening procedure in order that all suspected of mental retardation will be identified and evaluated for educational placement by the Pupil Evaluation Team (PET).

A screening procedure would utilize the data gathered from pediatricians, public health and school nurses, social or welfare workers, parents, and parent groups, and the mental health centers. Other community organizations may have available information on a particular student that would contribute to the screening procedure.

REPORT OF THE CHILD'S DEVELOPMENTAL, SOCIAL, EDUCATIONAL, AND MEDICAL HISTORY

It is the responsibility of the school administrative unit, using

appropriate professional personnel, to gather all information relevant to such an appraisal:

1. Physician, school nurse, or social worker may learn and report the child's developmental history as it relates to the support or rejection of a diagnosis of mental retardation.
2. Social workers may make a report of casework findings, including a home family history, related developmental information, and summaries of other agency reports relevant to the student and his appraisal.
3. The school staff, usually the school principal, shall make available to the PET a comprehensive report on the student's school history and current status. It shall include a digest of all school reports, teachers' observations and comments, contacts with the family, school adjustment, and other data necessary for providing a complete picture of the student in school.
4. The school physician or school nurse is most appropriate for collecting and reporting of information describing the student's medical history.

EDUCATIONAL PROGRAMMING

1. Public school programs for the profoundly mentally handicapped
   School administrative units shall be responsible for assuring an educational program for the profoundly mentally handicapped whether that program is provided locally, regionally, or through state institutions or private agencies. The school administrative unit should give priority to establish such programs on a local or regional basis and as such shall be designated as Child Development

Programs and administered consistently with other special education programs. The school administrative unit may contract for such educational programming provided said contract meets the minimum criteria as defined in Section V of the Maine State Department of Educational and Cultural Services Special Education Administrative Handbook.

2. Private or other State agency programs for the profoundly mentally handicapped

   Education of the profoundly mentally handicapped provided by private and/or other state agencies will meet the same school approval procedures and certification standards as do the public school program.

   Education will be in accordance with guidelines and regulations set forth for the education of the profoundly mentally handicapped.

3. A child development program must meet the following minimal standards of the Department of Educational and Cultural Services:

   (a) Level of functioning:

   Prior to admission to a child development program, the student must have had a screening evaluation as well as assessment of his functional and developmental level which finds that he is profoundly mentally handicapped. This determination shall be made by the PET with appropriate consultant services such as persons qualified in medicine, education, social work, psychology, child development, and mental retardation.

   (b) Child development activities' requirements for program:

   The program of activities in a child development program shall reflect a systematic planned approach to alleviate and ameliorate

developmental problems associated with profound retardation through training in the areas of sensory function, motor function, physical activity, speech and hearing, physical therapy, language use, social and self-care skills. Other activities may be included in a child developmental program, but those listed above must be an integral and emphasized part of the total program.

(c) Planned systematic goal for the individual student:

There must be an emphasis placed on each individual student's developmental needs integrated into the total child development program activities. The student's individual development needs must be determined by the PET. This approach will include diagnosis, evaluation, goal-setting for the needs of the student, and continuing reevaluation using appropriate evaluation tools. A planned approach must be written for the individual student in the program based on his particular abilities and handicaps.

(d) Staff to student ratio:

There must be one qualified child development supervisor for every 20 students. There must be one qualified child development teacher for every ten students and one child development aide for every five students. Arrangements may be made by the administrative unit with other administrative units offering similar programs to share the services of a qualified child development supervisor, so long as the total number of students supervised does not exceed 20.

Child Development Supervisor - must have at least a Bachelor's level degree with a major in child development or related

fields, and with experience in child development programming and supervision, as well as knowledge and understanding for the multidisciplinary team approach.

Child Development Teacher - must have as a minimum an associate degree in child development or related field.

Child Development Aide - must have a high school diploma or previous experience working with retarded children.

(e) Nutrition:

All students in a child development program should be furnished a nutritionally balanced hot lunch program appropriate to the season and a mid-morning snack. Consultation in planning and financing such food programs is available through the Department of Educational and Cultural Services. Mealtime should be considered as part of the educational program.

(f) School records:

Each student in a child development program should have a cumulative and up-to-date case record located at the administrative unit providing the program.

The case record for each student in a program should be set up by the administrative unit in such a way as to provide separate sections for at least the following kinds of materials:

(1) Administrative (permissions, letters, etc.)

(2) Health

(3) Social

(4) Education (developmental, psychological)

(5) Reports of staff meetings on client

The material in each section should be kept in chronological order. Information kept in a case record should be signed and dated by the appropriate person making the report or giving the information to the administrative unit.

After acceptance into a program, a student's progress must be reviewed at least yearly by a multidisciplinary team (PET) to reassess education goals for the student and appropriateness of his placement in the program. The results of the reassessments must also be placed in the student's permanent record. Health records for each individual student in programs must be updated on an annual basis.

(g) Schedule of operations:

All administrative units with programs for the profoundly mentally handicapped must operate these programs a minimum of 180 days per year. Transportation time is not included in minimum hour requirements.

4. Education of the profoundly mentally handicapped who reside in group homes and foster care homes:

If the student is the ward of the State, the administrative unit in which the student is located is his or her legal residence and the administrative unit must provide an educational program for that student.

PROGRAM STANDARDS FOR THE EMOTIONALLY HANDICAPPED

DEFINITION

Emotionally handicapped are those who demonstrate one or more of the following characteristics to a MARKED EXTENT and over a PERIOD OF TIME:

1. An inability to learn which cannot be explained by intellectual, sensory, or health factors.
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
3. Inappropriate types of behavior or feelings under normal conditions.
4. A general, pervasive mood of unhappiness or depression.
5. A tendency to develop physical symptoms, or fears associated with personal or school problems.

The characteristics demonstrated by the emotionally handicapped should be considered in the broad educational and psychological aspects of transient, temporary, pervasive, or intensive types of problem behavior. This problem behavior manifests itself in such a manner that it is interfering or is likely to interfere with the student's own educational experience, the educational experience of others, and interpersonal relations. This term includes but is not limited to conditions which have been referred to as emotional disturbance, behavior disorder, and social maladjustment.

IDENTIFICATION, SELECTION AND PLACEMENT

SCREENING

Whereas early diagnosis often means a better prognosis, it is important that all school personnel sensitize themselves to the signs that might indicate developing problem behavior. Such indications will vary from student to student and no uniform set of symptoms may be expected from any group. The Pupil Evaluation Team (PET) should insure the establishment of an effective referral system. Although the referral could be initiated by a variety of sources (parent, other professionals, public and private agencies), the teacher usually is the first to suspect the existence of an emotional handicap. Any inappropriate behavior observed to any degree or over an extended period of time should be referred to the PET. A formalized screening process is recommended. This screening process could include:

Teacher checklist

Teacher behavioral rating scale

Teacher observations

Peer ratings

Group testing (1) educational

(2) psychological

Parent and sibling interview

Home and community visit

The importance of clearly defined referral procedures cannot be overemphasized.

EVALUATION

The nature and extent of the handicap are to be the determining factor in placement and program development. Before a pupil is assigned to one of the programs, systematic assessment of the student's problems and recommendations for specific educational services must be undertaken. Every effort should be made to retain the student in the regular program experience. The PET should collect and collate the following information before considering program recommendations:

Psychological, sociological, psychiatric evaluations

1. Psychological - to assess intellectual ability and personality strengths and weaknesses with associated behavior and adjustment patterns.
2. Sociological - to assess attitude, social relationships, personality - developmental factors contributing to behavior patterns.
3. Psychiatric - if deemed appropriate.

Education Evaluations

1. Role of classroom teacher - others
   (a) anecdotal records
   (b) case study
   (c) observations
   (d) interviews
   (e) school history
   (f) parental reports
   (g) rating scales
   (h) achievement tests
   (i) developmental progress reports

PLACEMENT

The educational focus for the emotionally handicapped is on the identification of the problems and implementation of remediation procedures which facilitate normal adjustment so that the student can function effectively in the educational mainstream.

The following program alternatives are designed to provide an administrative framework for a continuum of instructional services in order that a variety of educational and treatment facilities may be available to the emotionally handicapped. Since these emotionally handicapped may need one or all of these services throughout the course of their adjustment, easy accessability to every type of organizational program should be included within the administrative structure. Upon the recommendation of the PET the following types of programming may be provided:

Itinerant. For some students the disorder may be temporary and transitory. These students may be given the needed assistance to resolve their problems while continuing to be enrolled in the regular educational program. In this program alternative, an itinerant specialist provides services to the regular program teacher who is confronted by students with emotional handicaps. These services include but are not limited to instructional and behavior management techniques, helping teachers develop curriculum modifications, and obtaining appropriate educational media. This specialist provides supportive assistance to the teacher and relatively little time working directly with students.

Resource Room. For some students, the nature of the disorder may require the student to be removed from the regular educational program for periods

of the day. This program alternative serves those students who can tolerate the regular classroom for limited periods of time, but who need additional control and structure for part of each day. The resource classroom may function as a setting for completion of assignments or as a "time out" room for regaining emotional control. Students attending a resource room maintain their identification with the regular classroom in which they are enrolled. With this type of program, it is necessary for the resource teacher to work closely with the regular classroom teacher so that regular curriculum materials may be used and regular assignments maintained.

In addition to providing services to students, a resource teacher may also help regular classroom teachers modify tasks and identify materials for pupils who require extra help in order to maintain themselves in their regular educational program. The resource teacher may also advise regular classroom teachers on techniques of instruction and behavior management procedures.

Self-Contained Special Program. For some students, the chronic and more severe nature of the disorder may require assignment to a self-contained special program with limited enrollment. Students are recommended on an individual basis for an indefinite period of time with the ultimate goal of returning to the regular school program and mainstream of activities as soon as possible. The goal of the special class is to help students resolve their problems, to advance academically, and to increase their adaptive ability so they will be able to cope with and return to the regular educational program.

Supplementary Tutoring. This program allows flexibility in the provision of corrective and supportive services to individual pupils. This program

may take place in school, in the home, or in other areas deemed appropriate. The program is in addition to the student's regular educational experience.

Hospital Instruction. Instruction shall be provided for emotionally handicapped students when hospitalized, thus precluding attendance at their normal school program. The student shall be eligible for hospital instruction immediately if on the advice of the physician, such instruction may wisely be provided. Minimum hours per week of instruction shall be the same as for home instruction, if in accord with medical advice. This regulation does not preclude additional weekly hours if warranted. The town of pupil residence shall be responsible for provision of hospital instruction for its pupils, either directly or through arrangements with the school system in the town where the student is a resident medical patient.

Program Alternatives Outside the Public School. For other students, the nature and degree of severity of the disorder may necessitate referral to the protective environment of a residential or day treatment program. Since the ultimate goal of programs for all emotionally handicapped is to return them to the public school setting as soon as possible, it is important that the educational experiences be oriented to community tolerance.

Day Program. Whenever possible, the program alternative should include positive elements of the student's normal community life, in order to maintain continuity with the familiar and thus aid his return to the public school program as soon as it is feasible.

Residential Program. The educational program should be an integral part of the total residential treatment program and all staff should be

involved in the movement of the pupils toward reintegration in the public school program. Residential centers should cooperate with local school districts in providing instructional services. Some pupils who reside at the center may be able to function successfully in public school programs. Others may not require residential placement, but may benefit from the residential educational program. By working together, residential centers and local administrative units can increase the range of program alternatives.

Home Instruction. Home instruction is a temporary provision for students with personal and social adjustment problems. This type of program can serve those students who need to be excluded from school while awaiting complete evaluation or recommendations for future treatment and placement. Students who are under treatment by mental health resource personnel may also be eligible for short term supportive home instruction. In any case, a more suitable alternative placement must be arranged as soon as possible. The PET is responsible for maintaining monthly progress reports until an appropriate alternative placement has been made.

The PET is responsible for securing sufficient information concerning the educational needs of the student and appropriateness of programs described above, to justify such placement. In the case of non-public school placement, the PET will submit requests to the superintendent of schools for approval for placement of students in such programs. The superintendent must obtain prior approval from the Department for such placement.

CLASS SIZE, CASE LOAD, AGE RANGE

The itinerant specialist shall carry no more than thirty-five active cases.

Resource programs should have no more than eight students in attendance at any one time, whose chronological age span should be no more than three years. However, more students may be enrolled during a school day or week.

The self-contained special class should contain no more than eight students and chronological age span should be no more than three years.

PROGRAM LOCATION AND FACILITIES

Programs should be housed in a regular school building with students of comparable chronological age. Space, furnishings and equipment should provide for flexibility of programming and management.

Program

The program provided should be designed to meet the educational, emotional and social needs of the student. Focus is to be on assisting the student to develop those skills and competencies which will allow for integration.

Resource Personnel

Where appropriate the emotionally handicapped are to be provided those special and supportive services necessary. Non-school therapeutic and consultative services are to be used to supplement the educational program provided by the administrative unit.

TEACHER QUALIFICATIONS

Teachers of emotionally handicapped children shall meet the certificat requirements established by the Department for this area of speciali-

PROGRAM STANDARDS FOR THE HEARING IMPAIRED

DEFINITION

A hearing impaired student has an impairment of hearing function sufficient to prevent or delay the normal development of speech and language or present barriers to the acquisition of academic and/or social skills. Determination of impaired hearing function is based on professional diagnosis by an otologist and an audiologist.

1. Students with profound congenitial loss of hearing or who receive profound hearing impairment prior to the acquisition of language, are considered pre-lingual deaf.
2. Students with profound loss of hearing acquired after the acquisition of language are considered post-lingual deaf.

IDENTIFICATION, SELECTION, AND PLACEMENT PROCEDURES

SCREENING

Screening of hearing involves rapid testing in order to identify those students who may have a hearing loss.

Procedures for students who fail screening audiometry are described in Guidelines for Hearing Testing, 1973, of the Committee on Hearing Problems of Children, Department of Health and Welfare. (See page 48).

IDENTIFICATION PROCEDURE

Students are eligible for consideration as hearing impaired by any or all of the following criteria:

1. A 27 decibels (db.) or greater average pure tone loss at 500, 1000, 2000 Hertz (Hz.) (ISO or ANSI).

2. Speech reception threshold of 27 db. or greater.
3. A discrimination score of less than 94% at SRT ± 40 db. unilaterally or bilaterally. (These criteria are based on ANSI Standards, 1969).
4. Professional determination of eligibility by a Pupil Evaluation Team (PET) regardless of thresholds.

STUDENTS WITH CONFIRMED DIAGNOSIS OF HEARING IMPAIRMENT PRIOR TO SCHOOL AGE:

Referral of students with confirmed diagnosis of hearing impairment (i.e., those enrolled in infant or preschool hard of hearing programs) will be made to the school administrative unit in which each resides by the Department of Educational and Cultural Services by April 1, of the year in which the student shall attain legal school age under these laws and regulations. The PET shall evaluate the referral and recommend placement of each student before July 1, of the year in which such referral is received. Results of threshold testing, medical and preschool agency recommendations, and amplification status should accompany the referral.

EVALUATION

All students diagnosed as hearing impaired shall be evaluated by the PET. The evaluation procedure should include an assessment of:

1. Amplification status.
2. Receptive and expressive language skills.
3. Development aspects of speech, including articulation and voice.
4. Potential for integration into the regular school classroom.
5. Other relevant developmental information.

At least two of the three following professionals: an audiologist, speech

clinician and teacher of the hearing impaired should be part of the PET for review and recommendations.

PROGRAM DEVELOPMENT

Program development is a continuous process that begins when the student is identified. A program would include parent involvement and professional guidance and support. The PET for the hearing impaired should include two of the following: a teacher of the hearing impaired; audiologist; or speech, language and hearing clinician. The team should expand to include as many specialists as indicated while still retaining efficiency.

Language development and extent of the hearing impairment determine the kind of educational program. Students tend to fit into four basic types:

1. Those who may be fitted to amplification and can achieve in the regular classroom with supportive services.
2. Those with oral communication and fitted to amplification who may need special class placement at least part-time.
3. Those with minimal oral communication and fitted to amplification who need special class placement for most academic instruction, but may benefit from part-time integration in the regular classroom.
4. Those with no usable oral language and deaf multiply handicapped, who may profit from amplification and will probably need special class and/or residential placement.

These types of programs should be considered models, but not finite categories. Periodic reevaluation through the PET, includes mobilization of all available resources to center the model on the student. Audiometric reevaluation is recommended annually and is required at no

more than two year intervals. Reports are to be submitted to the PET for consideration.

A plan of care incorporating measurable objectives must be developed by the speech, hearing and language professionals as part of the PET function.

CLASSROOM LOCATION AND FACILITIES

Space is at a premium in schools. Many school buildings lack adequate classroom facilities as well as space for special personnel. The adequacy of facilities for hearing impaired programs in schools runs on a continuum from grossly inadequate to ideal. Resource rooms or self-contained classrooms for the hearing impaired have special needs, including a system of amplification and acoustical treatment. Technical assistance in the development of these facilities is available from the Department of Educational and Cultural Services.

EQUIPMENT

AUDIOMETER	Portable audiometer properly calibrated to ISO or ANSI standards.
AUDITORY TRAINING EQUIPMENT	Individual amplification units available according to need.
OVERHEAD PROJECTOR	One assigned for exclusive use of the teacher of the hearing impaired.
TAPE RECORDER	One assigned for exclusive use of the teacher of the hearing impaired.
PHONOGRAPH	One 3-speed phonograph available in building.

Other materials recommended for use by the hearing impaired must be selected by the trained personnel.

TEACHER QUALIFICATIONS

Teachers of the hearing impaired shall meet the certification requirements established by the Department of Educational and Cultural Services.

GUIDELINES FOR HEARING TESTING

I. Definition of Terms

A. Screening Audiometry. Screening audiometry is the rapid testing of hearing by means of speech stimuli or pure tones of designated frequencies, both at stated intensity levels, in order to identify persons who have no hearing loss and persons who may have a hearing loss.

B. Threshold Audiometry. Threshold audiometry is the individual testing of hearing to determine the lowest possible sound intensity level at which a person will respond to the test stimuli at least 5 percent of the time. It is designated to identify those individuals who might be referred for a medical examination and is also designated to prevent unnecessary referral.

C. Calibration. Each audiometer is calibrated to adhere to an accepted standard. Recalibration involves returning a machine to a service center for adjustment in order to meet required standards. Calibration check is the objective measure of sound pressure output of the machine for the purpose of comparison with the standard.

II. Screening Audiometry

A. A pure tone audiometer should be used for screening the hearing of children 5 years and older.

B. Individual rather than group screening is recommended.

C. VASC (Verbal Auditory Screening for Children) may be used for screening hearing of children prior to the fifth birthday.

1. A child who does not respond to two of the last three words

on the VASC is considered to fail. If possible, a second VASC screening should be administered on the same day.

2. A child failing the second VASC screening should be referred for threshold testing as soon as possible.

D. Hearing screening should be accomplished yearly in subprimary and grades one, two and three, with screening at grade level five, seven, nine and eleven as feasible. Provisions should be made for screening all new students, students returning from a serious illness, students who previously have been found to have a hearing impairment, students presenting special adjustment problems and students referred by teachers specifically for hearing testing.

E. Screening should be accomplished at the frequencies of 500, 1000, 2000, 4000, and 8000 Hz.

F. Screening should be performed at a 25 db. level (ISO/ANSI standards).

G. Lack of response at any frequency in either or both ears is defined as a failure and a second screening necessary.

H. The child who fails the second screening test should be given an individual test for threshold.

III. Threshold Audiometry

A. A pure tone audiometer shall be used for determining threshold.

B. Any person with a known sensory or significant physical defect should be tested for threshold, not screened.

C. Threshold testing of a person who fails the screening test should be accomplished within one month following screening.

D. Threshold testing should be accomplished at the frequencies of 500, 1000, 2000, 4000, and 8000 Hz.

E. An obtained threshold greater than 25 db. (ISO/ANSI standards) at one or more frequencies in either or both ears shall be defined as failure of the threshold test.

F. Threshold audiometry may be performed by an individual trained or certified to perform threshold testing. However, when the services of an audiologist are available, threshold testing and/or consultation by an audiologist is recommended.

IV. Procedures for Referral

A. An obtained threshold greater than 25 db. (ISO/ANSI standards) in any one of the frequencies of 500, 1000, and 2000 in either or both ears requires alerting parent or patient to the need for further evaluation either by the family physician; an ear, nose and throat specialist; or an audiologist.

B. An obtained threshold between 25 and 40 db. (ISO/ANSI) or at 4000 and 8000 cycles does not require medical referral. This child should be retested annually.

C. If supervisory or consultant audiologist services are available, threshold failures will be referred to him for coordination of service and further referral.

V. Testing Environment

A. The screening room should be sufficiently quiet so that environmental sound does not interfere with the screening procedure.

B. For threshold testing, it is absolutely essential to have a quiet environment. Whenever possible a sound treated room should be used.

C. A special room is recommended; however, with careful planning,

available space can be adjusted to suit the needs of the situation.

VI. Equipment

A. A pure tone audiometer equipped with standard ear cushions (MS-41/AR) is required equipment for screening and threshold testing of school age children and adults.

B. Either ANSI or ISO calibration is acceptable. Audiometer presently calibrated to ASA should be recalibrated to the ANSI standard.

C. Each audiometer must meet calibration standards. An objective calibration check is required at least once a year; a behavioral check must be made prior to each day of screening. If audiometer is in need of recalibration, it must be returned to a service center. A list of in-state agencies which provide calibration checks is available through the Bureau of Medical Care.

VII. Personnel

A. Screening and threshold testing are to be performed by trained personnel.

B. Criteria for training will be developed by the Bureau of Medical Care upon recommendation of the Division of Child Health, Department of Health and Welfare.

PROGRAM STANDARDS FOR THE SPEECH AND LANGUAGE IMPAIRED

DEFINITION

Speech and language handicapped students are those who demonstrate disorders in oral communication. Oral communication disorders are: problems understanding and expressing spoken language; speech sound misarticulations, unusual characteristics of voice; and/or atypical patterns of verbal fluency. Determination of a disorder in oral communication is based upon a professional diagnosis by a qualified speech and language clinician.

IDENTIFICATION, SELECTION AND PLACEMENT PROCEDURES

SCREENING

The objective of a speech and language screening program is to identify those students whose speech and language development exhibit:

1. No problem.
2. Need for an individual screening.
3. Definite problem needing immediate evaluation.

The screening procedures employed should be both effective and efficient for the age group to which they are applied.

EVALUATION

All students identified in the screening procedure as having a definite speech and/or language problem shall be evaluated. The evaluation procedure should include an assessment of:

1. Receptive and expressive language skills.

2. Developmental aspects of speech including articulation, fluency, and voice.
3. Hearing acuity.
4. Structural and functional integrity of the speech mechanism.
5. All other relevant developmental information.

The results of the evaluation shall be submitted to the PET for review and recommendation.

SCHEDULING

Students whose speech and/or language is unintelligible should be given priority in case selection. Those identified as having maturational articulation errors should receive low priority for direct intervention by the speech and language clinician. It is essential to schedule services in a manner that will be most efficient in effective child change. The three basic considerations in arriving at such a schedule are:

1. Student Centered Schedule - frequency and length of therapy sessions are determined by the individual needs of each student, based upon the recommendations of the speech and language clinician.
2. Time Centered Schedule - weekly therapy time is divided into equal time segments and students are assigned to these segments.
3. School Centered System - each school in the system is allotted the same amount of time regardless of population.

The Student Centered Schedule is highly recommended as meeting the criteria for effecting child change.

PROGRAM DEVELOPMENT

The major responsibility for the development of a program for speech and language handicapped lies with the clinician and the PET. Program development and evaluation is an on-going process that must continue throughout the school year. Clinicians should develop a program evaluation system incorporating measurable objectives that will permit effective planning and evaluation of speech, language and hearing programs in the schools.

The following objectives shall be incorporated into programs developed for speech and language impaired:

1. The caseload of each clinician shall not exceed 60 students at any one time, on a direct therapy basis. Students should be seen two to five times a week depending upon need.
2. The clinician shall be responsible for providing each student with a schedule of services that reflects the current severity of the student's communication disorder according to recognized standards of professional practice.
3. The services of the clinician shall be extended to all students on the basis of their need.
4. The clinician shall provide comprehensive services to both elementary and secondary youth exhibiting language, speech or hearing problems.
5. The clinician shall make time available to evaluate the language and speech needs of all students recommended for special educational services.

CLASSROOM LOCATION AND FACILITIES

Space is at a premium in schools. Many school buildings lack adequate classroom facilities as well as space for special personnel. The

adequacy of facilities for speech and hearing programs in schools runs on a continuum from grossly inadequate to ideal. Technical assistance in the development of these facilities is available from the Department of Educational and Cultural Services.

EQUIPMENT

AUDIOMETER	Portable audiometer properly calibrated to ISO or ANSI standards.
AUDITORY TRAINING EQUIPMENT	Individual amplification units available according to need.
TAPE RECORDER	One assigned for exclusive use of clinician.

TEACHER QUALIFICATIONS

Speech and hearing clinicians shall meet the certification requirements established by the Department of Educational and Cultural Services for this area of specialization.

PROGRAM STANDARDS FOR THE LEARNING DISABLED

DEFINITION

Learning disabled students are defined as those who exhibit a disorder or demonstrate a discrepancy between expected and actual achievements in one or more of the basic psychological processes involved in understanding or in using spoken or written language, such as listening, thinking, talking, reading, writing, spelling or arithmetic. This learning handicap is not primarily the result of sensory, motor, intellectual or emotional handicap, or lack of opportunity to learn.

Deficits are to be defined in terms of accepted diagnostic procedures in education and psychology. The student with a special learning handicap will have educationally significant deviations among his own performances.

IDENTIFICATION, SELECTION AND PLACEMENT

SCREENING

The basic rationale for the early identification process is to spot the student who is inefficient in the basic information processing skills (language, visual-perceptual-motor, body awareness and control) and who manifests difficulty in behavioral control and adjustment.

It is essential that a formalized screening process be established. This screening process could include:

Teacher checklist

Teacher behavioral rating scale

Teacher observations

Peer ratings

Group testing (1) educational

(2) psychological

Parent and sibling interview

Home and community visit

EVALUATION

The nature and extent of the disorder are to be the determining factors in placement and program development. The Pupil Evaluation Team (PET) should collect and collate the following information before considering program recommendations.

Medical Evaluation

1. Histories

   (a) Medical - To include pre-, peri-, and post-natal information. Details of all childhood illnesses should be obtained, including age of student at time of illness, symptoms, severity, course, and care (such as physician in attendance, hospitalization).

   (b) Development - To include details of motor, language, adaptive, and personal-social development.

2. Physical Examination

   When deemed appropriate a physical examination including a gross neurological should be done as part of the current evaluation.

Educational Evaluation

The content and duration of educational intervention will be specifically designed to meet the educational needs of the individual

student. The educational evaluation should be multidisciplinarian in its approach. The intent should not be on only identification of problem areas but should include specific procedures to ameliorate the problem areas. Information should be collected in the following areas:

1. Sensory-motor functioning
2. Visual processing
3. Auditory processing
4. Language processing
5. Academics and intellectual development
6. Social adjustment
7. Emotional development
8. Intellectual potential

Behavior Assessment

1. Academic History - To involve students, teachers and principal, their observations regarding school behavior as well as academic progress and achievement. The student's school records, including samples of schoolwork and test results, should be available to the PET.
2. Psychological Evaluation: (The following items represent the core of the psychological evaluation.)
   (a) Individual comprehensive assessment of intellectual functioning.
   (b) Measures of complex visual-motor-perceptual functioning.
   (c) Behavioral observations in a variety of settings.
   (d) Additional indices of learning and behavior as indicated.

3. Language Evaluation - Detailed assessment of speech and language behavior. To include audiometric screening; assessment of articulation, voice quality, and rate; and the expressive and receptive aspects of language.
4. Educational Evaluation - Detailed analyses of academic abilities, including achievement assessment for details of levels and methods of skill acquisition, e.g., reading, number concepts, spelling and writing.

EDUCATIONAL PROGRAMMING

The diversity in types and degree of disorders exhibited by learning disabled students necessitates an administrative framework which provides for a continuum of instructional services.

Itinerant. In this program alternative, an itinerant specialist provides services to the regular program teacher who is confronted by students with learning disabilities. These services include but are not limited to instructional and behavior management techniques, helping teachers develop curriculum modifications, and obtaining appropriate educational media. This specialist provides supportive assistance to the teacher and relatively little time working directly with students.

Resource Room. This program aims to create and maintain within the school community a supportive environment that will enable these students to function with varying degrees of independence in the normal classroom setting. It includes the developing of comprehensive ongoing diagnostic/prescriptive plans for each pupil within the program. These plans are threefold and include in addition to the prescribed program for the pupil within the resource room itself, specific plans and recommendations for the classroom teacher

and the parents.

Self Contained Program. Children with severe degrees of involvement may need a more carefully structured and controlled environment. In this program students are recommended on an individual basis for an indefinite period of time with the ultimate goal of returning them to the regular school program and mainstream of activities as soon as possible.

Supplementary Tutoring. This program allows flexibility in the provision of corrective and supportive services to individual pupils. This program may take place in the school, in the home, or in other areas deemed appropriate. The program is in addition to the student's regular educational experience.

Non-public School Programs. The PET is responsible for securing sufficient information concerning the educational needs of the student and appropriateness of programs to justify such placement. In the case of non-public school placement, the PET will submit requests to the superintendent of schools for approval for placement of students in such programs. The superintendent must obtain prior approval from the Department for such placement.

CLASS SIZE, CASE LOAD, AGE RANGE

The itinerant specialist should carry no more than 45 cases. Resource programs should have no more than ten students in attendance at any one time and their chronological age span should be no more than 4 years. However, more students may be enrolled during a school day or week.

The self-contained special class should contain no more than ten students and chronological age span should be no more than 4 years.

PROGRAM LOCATION AND FACILITIES

Programs should be housed in regular school building with students of comparable chronological age. Space, furnishings and equipment should provide for flexibility of programming and management.

PROGRAM

The program provided should be designed to meet the educational needs of the individual students. It should include specific procedures to ameliorate problem areas with evaluation procedures to insure appropriateness.

TEACHER QUALIFICATIONS

Teachers of the learning disabled shall meet the certification requirements established by the Department for this area of specialization.

PROGRAM STANDARDS FOR THE VISUALLY IMPAIRED

DEFINITION

Visually impaired students are those who because of the type and degree of visual impairment are unable to perform satisfactorily in the regular classroom without significant modification in curriculum and instructional materials, equipment and methods. Students found to be legally blind do not come within the scope of this definition.

IDENTIFICATION

The Pupil Evaluation Team (PET) shall be responsible for the identification, evaluation, referral and placement of the visually impaired. The team as a minimum shall require an examination and report by an eye specialist on the nature and degree of visual impairment, and an analysis of the student's visual function. The team may require educational assessment and individual psychological evaluation.

Pupil eligibility for continuance in the program or service shall be determined by results of annual reevaluation of vision, level of visual functioning and educational achievement, with recommendations of the teacher and the PET.

PROGRAMS TO BE PROVIDED

Many visually impaired students are capable of regular class placement on a full-time basis with minor modifications in regular practices or with the use of assistive devices. Talking books, magnifiers and recorders frequently are most helpful to this student

in a regular classroom. Other students may require supplemental individual instruction on a one-to-one basis from a resource person or itinerant teacher such as provided by the Division of Eye Care, Department of Health and Welfare. Such a student may require orientation to mobility and adaptive physical activities to assist him in integrating into the public school setting. Students in this category would be capable of participating on a part-time basis in the regular classroom where the program was suited to their academic level.

Other students may need to be served on a part- or full-time basis in a resource center for the visually impaired. All, or a major portion of this program would be provided in a setting fully adapted to the needs of an essentially blind student with a highly skilled teacher equipped with specialized techniques and materials. The PET, in such instances,must make a careful analysis of such a student's total physical and educational needs.

Resource centers for blind children operated by the Division of Eye Care, Department of Health and Welfare,are ideally equipped to serve the needs of the severely visually impaired. When such a student is so identified by the PET, the team shall make every effort to place the student in such a facility. The administrative unit will supply tuition costs and transportation in such cases.

PROGRAM STANDARDS FOR THE PHYSICALLY HANDICAPPED

DEFINITION

Physically handicapped students demonstrate limitations or impairment of physical development, temporary or permanent, as a result of congenital anomalies, disease, illness or trauma. Special education services shall be provided to the extent that the disability interferes with the student's educational progress.

IDENTIFICATION

Examples of physically handicapping conditions may include but not be limited to:

1. Muscular or neuromuscular handicaps which significantly limit ability to move about, sit, or manipulate materials required for learning.
2. Skeletal deformities or abnormalities which affect ambulation, posture and body use which are necessary in school work.
3. Disabilities which result in reduced efficiency in school work because of temporary or chronic lack of function, strength, vitality or alertness.
4. Pregnancy shall be considered a physical handicap for purposes of these regulations.

The Pupil Evaluation Team (PET) shall be responsible for the identification, evaluation, referral and placement of physically handicapped students in special education programs. The goal of the team in their assessment of the student, shall be to afford him the opportunity

to participate in an educational program in which he can develop to his best potential.

Obviously this will require scrutiny of the student as a whole, and not his physical disability alone. The PET shall equip itself with whatever data it deems necessary to make appropriate placement. Such data may include a medical statement which shall state the diagnosis, estimated length of time of disability, and limitations or restrictions on physical activity.

PROGRAMS TO BE PROVIDED

1. Provision of services in the regular classroom.

   To every extent possible, the physically handicapped student shall be educated in the regular classroom of the public school. Thorough evaluation of his total needs, including physical, educational and psychological, will frequently be necessary to accomplish this placement. Services may include special transportation to, from, and within school, use of an aide to assist mobility, supplementary and resource teacher assistance, as well as a shortened school day, early or late dismissal.

   Certain handicapping conditions may necessitate modification of facilities or provision of assistive devices in the classroom. Such devices could include: provisions of ramps outside and inside building, railings, grab bars, portable hoists, special desks, typewriters, lighting and manipulative devices. Modification of facilities could include widening of doorways, enlarging toilet facilities, etc.

2. Self-contained Classrooms

   When there are sufficient numbers of physically handicapped

pupils whose disabilities preclude mainstreaming in the regular classroom, the administrative unit shall consider the establishment of a special classroom for such students. In such a program, instruction will follow the curriculum of the regular classroom, but shall be modified in instructional techniques so as to accommodate the physical limitations of the student. Alterations in room facilities and accommodations may be needed to meet the physical needs of students so placed and every effort should be made to integrate them into as many activities of a regular class program of the appropriate level as possible.

Factors for consideration in establishing a class for physically handicapped students include:

(a) Physical and social maturity of the student.

(b) The type and severity of the handicap.

(c) The different type of disabilities in the same group.

(d) The age and grade level of the pupils.

(e) Size of the room and equipment available.

(f) Teacher competencies.

(g) Availability of classroom attendants.

Recommended enrollment in such a program would be 6 to 10 students dependent upon the severity of disabling conditions. When enrollment is from 11-15 students, the addition of a full-time aide is recommended. Physically handicapped students so grouped for educational programming may in many instances benefit from physical and occupational therapy or ancillary services to enhance educational progress. The administrative unit may provide such services with medical advice.

When such a program is not possible within the aegis of the school administrative unit, efforts should be made to implement such a program on a regional basis with a neighboring administrative unit(s). When resource room facilities or resource teachers are available in the administrative unit, the physically handicapped pupil shall have such services made available to him. Every effort shall be made to coordinate the use of all ancillary services to instruction such as the library and media facilities for the benefit of the physically handicapped pupil.

PROVISION OF SERVICES OUTSIDE THE PUBLIC SCHOOL

It shall be the responsibility of the PET to determine how best to provide an educational program for a student who cannot be served in a public school program however comprehensive. Alternatives for public school placement may be hospital instruction, private residential school placement or private day school placement, home instruction.

The PET is responsible for securing sufficient information concerning the educational needs of the student and appropriateness of programs described above, to justify such placement. In the case of private school placement, the PET will submit requests to the superintendent of schools for approval for placement of students in such facilities. The superintendent must obtain prior approval from the Department for such placement.

HOME INSTRUCTION

Home instruction shall be provided for the physically handicapped on the recommendation of the PET and with the superintendent's approval if this alternative remains as the only method of providing instruction.

The student sustaining fractures of arm, ankle, wrist, etc., or contracting a communicable disease should not require home instruction unless there are major physical complications necessitating long home confinement. School systems are encouraged to get such students back into the classroom as quickly as possible with due respect for medical advice.

A minimum of five hours home instruction per week shall be required for students through grade 6 and a minimum of eight hours for students through grade 12. Additional instruction may be beneficial and necessary, and with medical advice, may be provided. In no case should all hours of instruction be provided in a single day. Use of all school resources as applicable shall be available to the student and insofar as possible the student shall be expected to complete assigned work. The home teacher must realize his responsibility in assisting this student to achieve his best educational potential.

In long term cases, school-to-home telephone teaching may be advisable. Use of this method of instruction requires full cooperation of parents and classroom teacher. This is an expensive method of instruction and is only feasible when the student may be expected to be homebound for an extended time, has reached the fourth grade level of achievement and is able to work independently. When school-to-home telephone teaching is used, a home teacher shall be required at least two hours per week through grade 6 and three hours per week through grade 12.

SUPPLEMENTAL TUTORING

Supplemental tutoring may be provided within the public schools in addition to their regular program or when returning to school following absence due to illness or their physical disability. The PET shall

determine feasibility of such service and shall recommend the duration and type of tutorial assistance given.

HOSPITAL INSTRUCTION FOR PHYSICALLY HANDICAPPED

Instruction shall be provided for physically handicapped students when hospitalized, thus precluding attendance at their normal school program. The student shall be eligible for hospital instruction immediately if on the advice of the physician, such instruction may wisely be provided. Minimum hours per week of instruction shall be the same as for home instruction, if in accord with medical advice. This regulation does not preclude additional weekly hours if warranted. The town of pupil residence shall be responsible for provision of hospital instruction for its pupils, either directly or through arrangements with the school system in the town where the student is a resident medical patient.

CURRICULUM

The principles of an adequate educational program for the physically handicapped are essentially the same as those for non-handicapped. Due to individual needs and limitations, acquisition of skills requires special adaptation and emphasis. The basic program should be designed to give the physically disabled student the same social experiences as other students insofar as possible. This may necessitate a revision of the curriculum with a knowledge of the student's needs and lack of readiness which his physical disability may have imposed through motor handicaps or lack of experience. Extended readiness programs may be needed to fill a gap before programs for reading; arithmetic or language can begin.

Because of physical limitations the physically handicapped are often limited in the extent that they are self-sufficient in their personal needs of dressing, feeding and locomotion. The PET should make every

effort to develop strategies in educational programming that help the student to become as independent as possible.

Many handicapped students have been isolated or separated to some degree from the socialization experiences of normal students. The educational environment affords many opportunities for these students to adapt to their environment. Every effort should be made to assist the student in becoming a real part of his society.

From a vocational standpoint employment can be a reality for many physically handicapped students. Career and occupational information, as well as actual work skill development techniques should be part of a sequential planned program throughout the student's educational experience.

AGREEMENT BETWEEN THE
BUREAU OF INSTRUCTION, DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES
AND
THE DIVISION OF VOCATIONAL REHABILITATION OF
THE BUREAU OF REHABILITATION, DEPARTMENT OF HEALTH AND WELFARE

A. The State Board of Education has the responsibility for the services provided by the Bureau of Instruction, of the State Department of Educational and Cultural Services. The functions and services are closely allied in nature in terms of the education and rehabilitation of handicapped persons.

The Bureau of Instruction administers educational programs for handicapped children, age 5 to 20 wherein local educational agencies initially expend funds which are subsidized through the Maine Department of Educational and Cultural Services. Functions of this Bureau are:

1. Consultative. Various specialists in mental retardation, speech and hearing, emotionally handicapped, learning disabled, and the physically handicapped assist educators, therapists, clinicians, etc., in the initiation, expansion, and improvement of programs for the handicapped children at elementary and secondary levels.
2. Programs of special education in public schools are developed by the administrative unit with the recommendation and guidance of a local Pupil Evaluation Team which has the responsibility for diagnosis, educational evaluation, placement and continued assessment of the needs of exceptional children.

The local Pupil Evaluation Team makes recommendation to the superintendent of schools who seeks approval of the Department for programs involving students in private facilities. The Department provides liaison and consultative services to all Pupil Evaluation Teams and superintendents of schools.

The Department reviews and maintains standards for certification of personnel serving exceptional children and makes in-service and college level training available to such personnel.

3. Coordination of pre-service and in-service education of personnel educating handicapped children.

B. The Bureau of Rehabilitation has as its main function the provision of a program of services to enable handicapped persons to prepare for and obtain suitable employment. To be eligible for these services the applicant must have: (a) a medically or psychologically determinable impairment; (b) a vocational handicap, and; (c) possess a reasonable potential for employability if services are provided. These services include the following:

1. Medical, psychiatric, and psychological evaluations to identify the nature and degree of disablement and the potential for improvement through treatment.
2. Counseling relative to treatment where treatment is recommended, and to help in selection of and preparation for suitable occupation.
3. Physical restoration, including therapy, surgery, and provision of needed appliances.
4. Training to prepare for employment ranging from tutoring and correspondence courses to on-the-job experience and college education. (In the case of those students with severe visual

handicaps, the Division of Eye Care and Special Services of the Bureau provides assistance for general education as well.)

5. Supplemental services of maintenance and transportation needed during training or physical restoration.
6. Tools, licenses, and equipment if needed to equip a disabled client for a job. Occasionally equipment and initial stock may be provided to assist a client in starting a self-employment project.
7. Essentially, suitable job placement is the ultimate goal in the rehabilitation process. The Bureau uses all resources available in seeking jobs for those clients who are expected to become employed outside the home.
8. Follow-up on the job is provided to determine if the employment is suitable in the eyes of both the client and the employer.

C. The following cooperative procedures will be used in order to facilitate referral of students to these programs and to improve instructions.

1. The Department of Educational and Cultural Services will encourage and support personnel in local school administrative units working with the district counselors of the Bureau of Rehabilitation to explore the feasibility of submitting a formal referral. Upon request, the Bureau of Rehabilitation will provide a standard referral form.
2. The local school administrative unit will be encouraged by the parties of this agreement to provide the Bureau of Rehabilitation all available diagnostic data as it pertains to any referral above.

3. The Bureau of Rehabilitation, through its district counselors will coordinate activity involving a mutual client with the local school administrative unit.

4. The consultants in the Bureau of Instruction agree to consult with and cooperate with the staff members of the Bureau of Vocational Education and the Bureau of Rehabilitation in all matters pertaining to the vocational education of handicapped children, including the initiation, expansion, and improvement of programs concerned with career and vocational training.

5. Liaison persons from the respective Bureaus will be appointed to coordinate activities outlined above.

D. The terms of this agreement may be modified by mutual consent to meet changing conditions or terminated by either party on sixty (60) days' written notice.

Robert J. Gerardi
Associate Commissioner, Bureau of Instruction

December 10, 1973
Date

C. Owen Pollard
Director, Bureau of Rehabilitation

November 6, 1973
Date

STATE OF MAINE

January 22, 1974

The attached program standards represent the cooperative efforts of the Bureaus of Mental Health and Mental Retardation in the Department of Mental Health and Corrections, and the Bureau of Instruction in the Department of Educational and Cultural Services to provide guidelines for program responsibilities shared by the two Departments.

The mutual understanding evidenced by these documents will be considered relevant to the Program Guidelines for LD 965 and will be regarded as part of such guidelines.

Carroll R. McGary

Carroll R. McGary, Commissioner
Department of Educational and
Cultural Services

William F. Kearns Jr.

William F. Kearns, Jr., Commissioner
Department of Mental Health & Corrections

EMOTIONALLY HANDICAPPED

Program Alternatives Outside the Public School

For other students, the nature and degree of severity of the disorder may necessitate referral to the protective environment of a residential or day treatment program. Since the ultimate goal of programs for all emotionally handicapped is to return them to the public school setting as soon as possible, it is important that the educational experiences be oriented to community compatability.

A. Day Program

Whenever possible, the program alternative should include positive elements of the student's normal community life, in order to maintain continuity with the familiar and thus aid his return to the public school program as soon as it is feasible.

The responsibility for this educational alternative lies with the school administrative unit.

B. Residential Program

When the PET (Pupil Evaluation Team) and the superintendent of schools agree that a child needs a residential program, the school administrative unit shall seek to place such child in an appropriate program as soon as is administratively possible. (Non-public school programs are subject to the approval of the DECS.)

When the question of a child's need for a residential program is determined to be related to factors other than the lack of an appropriate educational program within the school administrative unit, the PET in consultation with designated representatives of the Department of Educational and Cultural Services, the Department of Mental Health and Corrections and the Department of Health and Welfare shall conjointly recommend a detailed program of action to the superintendent of schools. This program shall include agreements for fiscal responsibilities by the participating agencies. This determination shall be made at a specified meeting time and include all parties as above stated.

Financial responsibilities for the school administrative unit are to include:

1. Tuition as determined by the Maine State Department of Educational and Cultural Services; such tuition may include the cost of the educational program and corrective and supportive services determined to be necessary to enable the exceptional child to benefit from his educational experience.

2. Room and board as determined by the Commissioner of the Maine State Department of Educational and Cultural Services.

3. The school administrative unit is responsible for providing this type of program for the school year or 36 weeks.

   When that residential treatment program which extends beyond a 36 week period, has an educational program as an integral part, the school administrative unit may assume responsibility for the program if such is recommended by the PET and the superintendent of schools.

The following shall not be considered allowable for special education subsidy:

1. Psycho-therapy and other intensive interviewing therapies aimed to help the child resolve his or her intra-psychic conflicts, especially the unconscious ones, and modify and strengthen his or her defenses.

2. Counseling or therapy with parents. (The responsibility here lies with the parents, the Community Mental Health Centers, the treatment program of the child, or other appropriate agencies.)

RESPONSIBILITIES OF THE DEPARTMENT OF MENTAL HEALTH AND CORRECTIONS,
BUREAU OF MENTAL HEALTH -- RE
LD 965, EDUCATION OF EXCEPTIONAL CHILDREN

GOALS AND OBJECTIVES

1. To initiate, encourage, support, develop, and implement comprehensive habilitative and rehabilitative services for mentally disturbed youngsters.

2. To encourage, support, and assist in the development of appropriate diagnostic and day programs for mentally disturbed youngsters in the public schools.

3. To provide consultation services to all school administrative units in the state.

4. To initiate, encourage, support, develop, and implement, as needed, residential treatment programs for emotionally disturbed children.

FISCAL RESPONSIBILITIES

1. To provide for psycho-therapy and other intensive interviewing therapies aimed to help the child resolve his intrapsychic conflicts and modify and strengthen their defenses.

2. To provide, through the Community Mental Health Centers, counseling and therapy to parents with emotionally disturbed children.

3. To provide for a continued residential program through the summer months, for an emotionally disturbed child in that program when needed, and when not assumed by the school administrative unit.

4. To intervene in situations when a child's need for a residential program is determined to be related to factors other than the lack of an appropriate education program within the school administrative unit.

5. To review and, when appropriate, assume those costs of a child's placement in a residential treatment program not considered to be allowable for special education subsidy.

IN COORDINATION WITH THE MAINE STATE DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES AND THE DEPARTMENT OF HEALTH & WELFARE

1. To advance the extent, level, and comprehensiveness of services to emotionally disturbed children.

2. See #4 above.

MENTALLY HANDICAPPED

FINANCIAL AND PROGRAM RESPONSIBILITY

Children in State Institutions for the Mentally Handicapped

1. The program costs (including housing) for children living at the institution and attending the institutional educational program shall be borne by the institution, either directly or through mechanisms other than the school districts.

2. The program costs within the institution for individuals living at the institution and attending community educational programs shall be borne by both the institution and the school district of the child's legal residence.

   a) The school district of the child's legal residence shall be responsible for the per pupil tuition rate at the particular community public or private school, and transportation.

   b) The institution shall be responsible for all cost of services incurred by the institution such as housing and medical services.

3. The superintendent of the State institutions shall notify the appropriate superintendent of schools when a child is admitted to the institution. No child shall be admitted to the institution for the sole purpose of education.

4. The superintendent of the State institutions shall notify the appropriate superintendent of schools by October 15 and April 1 of each year, as to the number of school-aged individuals receiving an educational program within the institutions.

   In addition, superintendents of institutions shall notify, in writing, the appropriate superintendent of schools of the date of placements in the community and/or enrollment in a community educational program 30 days prior to initiation of such placement.

   a) The institutional superintendent shall provide, in writing, to the appropriate school superintendent a proposed educational program and recommendations for implementation of such program.

b) The appropriate school superintendent shall have the final authority for approving "appropriate community programs." He or she shall approve the proposed program or an appropriate alternative prepared by the school administrative unit within the 30 day notification period.

5. Educational programs within the institutions shall follow program standards for the mentally handicapped as described in the Maine State Department of Educational and Cultural Services Special Education Administrative Handbook.

   Educational programs within the institutions shall be subject to the same school approval procedures and teacher certification standards as do the public school programs.

6. Whereas school superintendents maintain the legal responsibility for the education of all children of school age, said school superintendent shall enter into contractual agreement as defined in Section V of the Maine State Department of Educational and Cultural Services Special Education Administrative Handbook, with the superintendent of the institution for educational programming. This shall occur even though the school superintendent may not be financially involved.

AGREEMENT BETWEEN THE
BUREAU OF INSTRUCTION, DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES
AND
THE DIVISION OF EYE CARE,
THE BUREAU OF REHABILITATION, DEPARTMENT OF HEALTH AND WELFARE

The Division of Eye Care provides a wide range of services to visually handicapped individuals of virtually all ages. The three definite areas of service related to this agreement are:

1. Vocational Rehabilitation of the Visually Handicapped

   Any individual with a visual impairment which seriously interferes with job performance, obtaining a job, or learning skills leading to employment or homemaking, who will have reached the state's minimum age of employment by the time his rehabilitation plan has been carried out (junior high level and up), may be eligible for vocational rehabilitation services. Among the services provided are: complete medical, psychological and vocational evaluation; individual counseling; medical, surgical and psychiatric treatment; vocational training or retraining, job placement and follow-up adjustment help on the job.

2. Services to Blind Children

   The Division of Eye Care is charged with the responsibility of providing educational and rehabilitative services to the legally blind in Maine, who are found to be eligible for such service.

   Services to the blind are provided from infancy and include: helping parents understand the special needs of a blind child and aiding them in planning for his education; diagnostic evaluation of the

child to determine his special needs; assisting with the development and provision of the educational experience best suited for the student; and provision of services and equipment that will enable the student to make the best use of an educational experience.

3. Services to the Partially Sighted

Students who are experiencing serious educational problems because of their vision, but who do not meet the present definition of legal blindness, shall be referred to the Division of Eye Care. The Division of Eye Care has the capability to provide educational and rehabilitative services to the school-age population who are visually impaired to the degree that their educational needs cannot be met through regular or special services or provided in the public schools.

Students of legal school age with severe visual impairment, (not legally blind) who in the judgment of public school authorities and the Division of Eye Care, cannot be adequately served in regular or special school programs, may be provided with compensatory services by the Division of Eye Care. Services available while the student is in public school include evaluation, itinerant teacher tutorial programs, and instructional materials.

Decisions with reference to use of private schools, or private resource facilities for appropriate education of the visually impaired, shall be made jointly between the public school administrative unit, the Division of Eye Care, and the Department of Educational and Cultural Services. Such decisions shall be documented with appropriate diagnostic data.

Costs of services to the visually impaired as a member of a public school program, will be assumed by the Division of Eye Care. Such services may include evaluation, provision of itinerant tutors, books or other instructional materials.

Costs of supplemental services as may be deemed needed by the local school administrative unit for the child while in public school, such as local tutorial assistance, additional instructional materials or assistive devices, will be assumed by the administrative unit with subsidy available from the Department of Educational and Cultural Services.

Costs of services provided at a private facility, including transportation to and from the facility, will be the responsibility of the school administrative unit. Placement in private facilities is subject to prior approval by the Department, and as such is reimbursable under existing subsidy regulations.

Local administrative units obtaining services at private facilities will negotiate contracts with these facilities in accordance with regulations provided by the Department of Educational and Cultural Services.

Robert J. Gerardi
Associate Commissioner of Bureau of Instruction

Date January 30, 1974

Thomas Singleton
Acting
Director, Bureau of Rehabilitation

Date January 29, 1974